		***************************************	***************************************	Complete if Known		
Subs	stitute for form 1449A	/PTO		Application Number	10/511,515	
				Filing Date	October 15, 2004	
IN	FORMATION	DISC	LOSURE	First Named Inventor	Jason P. Brown	
ST	ATEMENT BY	Y APF	LICANT	Group Art Unit	To be assigned	
	(lise as many shee	ts as nece	ssary)	Examiner Name	To be assigned	
Sheet	1	of	1	Attorney Docket No.	376956-003US (368532)	

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Initials*		Number	Kind Code² (if known)	Name of Patentte or Applicant of Cited Document	Cited Document MM-DD-YYYY		
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	No. 1	Office <sup>3</sup>	Number	Kind Code <sup>5</sup> (If known)	Date of Publication of Cited Document MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Yes	No	
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Examiner Signature	/Q. Janice Li/ (02/04/2009)	Date Considered	
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<sup>\*</sup>EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation or translation of abstract is strathed.